**Performance Improvement Plan (PIP)**

**Date of Conference:** Click or tap here to enter text.

**Employee:** Click or tap here to enter text. **Department:** Click or tap here to enter text. **Position:** Click or tap here to enter text.

**Supervisor:** Click or tap here to enter text. **Supervisor Title:** Click or tap here to enter text.

**Improvement Goal #1**

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Action Steps** | **Outcome/Measure** | **Expected Timeframe** |
|  |  |  |

**Improvement Goal #2** *(Number of goals discretionary)*

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Action Steps** | **Outcome/Measure** | **Expected Timeframe** |
|  |  |  |

**Improvement Goal #3** *(Number of goals discretionary)*

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Action Steps** | **Outcome/Measure** | **Expected Timeframe** |
|  |  |  |

**Progress Meetings:**

[ ]  **Weekly** [ ]  **Biweekly** [ ]  **Other (Specify)**

*I understand I am being issued a PIP, which is a formal step of the Progressive Discipline policy. The purpose of this PIP is to provide me with the opportunity to bring my level of performance within the range of expected results. I further understand that if I fail to complete the assigned action steps or improve to the specified level of performance within the specified timeframes subsequent action may result in further corrective action up to and including termination. I also understand that I am to maintain or continue to improve the expected performance standards even after successful completion of the PIP. I understand that I may offer written comments and also may utilize the Grievance Policy, if desired.*

**Employee Signature Date Supervisor Signature Date**